

CLAIMS ONLY							Application Number 101645811		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/		/					51				
2		/		/				52				
3		/		/				53				
4		/		/				54				
5		/		/				55				
6		/		/				56				
7		/		/				57				
8		/		/				58				
9	/		/					59				
10		/		/				60				
11		/		/				61				
12		/		/				62				
13		/		/				63				
14		/		/				64				
15		/		/				65				
16		/		/				66				
17			/	/				67				
18				/				68				
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42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
Total Indep	2		3					Total Indep				
Total Depend	14		29					Total Depend				
Total Claims	16		32					Total Claims				